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Application No. <u>09864878</u>	Prepared by <u>J.J</u>	Tracking Number <u> </u>	
Examiner-GAU <u>Smith, HonnibL</u>	Date <u>2-16-04</u>	Week Date <u> </u>	
<u>2881</u>	No. of queries <u>1</u>		

JACKET			
a. Serial No.	f. Foreign Priority	k. Print Claim(s)	p. PTO-1449
b. Applicant(s)	g. Disclaimer	l. Print Fig.	<u>q. PTOL-85b</u>
c. Continuing Data	h. Microfiche Appendix	m. Searched Column	r. Abstract
d. PCT	i. Title	n. PTO-270/328	s. Sheets/Figs
e. Domestic Priority	j. Claims Allowed	o. PTO-892	t. Other

SPECIFICATION	MESSAGE <u>PTOL -85b</u>
a. Page Missing	<u>There is no fee stamp, please charge</u>
b. Text Continuity	<u>issue fee.</u>
c. Holes through Data	
d. Other Missing Text	
e. Illegible Text	
f. Duplicate Text	
g. Brief Description	
h. Sequence Listing	
i. Appendix	
j. Amendments	
k. Other	
CLAIMS	
a. Claim(s) Missing	
b. Improper Dependency	
c. Duplicate Numbers	
d. Incorrect Numbering	
e. Index Disagrees	
f. Punctuation	
g. Amendments	
h. Bracketing	
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k. Other	
	<u>Thank you</u>
	initials <u>J.J</u>
	RESPONSE <u> </u>
	<u>Corrected</u>
	<u>Dr</u>
	initials <u> </u>

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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10/27/2003

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Depositor's name
Signature
ID

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/864,878	05/25/2001	James W. Hager	571-690	2236

TITLE OF INVENTION: TRIPLE QUADRUPOLE MASS SPECTROMETER WITH CAPABILITY TO PERFORM MULTIPLE MASS ANALYSIS STEPS

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	01/27/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
SMITH, JOHNNIE L.	2881	250-282000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Bereskin & Parr

2.

3.

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MDS INC., DOING BUSINESS AS MDS SCIEX

Concord, Ontario

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(Authorized Signature)

M. Samuel Frost, Reg. No. 31,898

(Date)

Jan 2004

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02/19/2004 DTE
01 FC:1501
02 FC:1504
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00000009 022095
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PTO/SB/17 (10-03)

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**FEE TRANSMITTAL
for FY 2004**

Effective 10/01/2003, Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,630.00

Complete if Known

Application Number	09/864,878
Filing Date	May 26, 2001
First Named Inventor	James W. Hager
Examiner Name	Johnnie L. Smith
Art Unit	2881
Attorney Docket No.	571-690

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit
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Bereskin & Parr

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Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)			0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims		- 20 =		X		=	0.00
Independent Claims		- 3 =		X		=	0.00
Multiple Dependent							

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 88	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 88	2204 43	Reissue independent claims over original patent	
1205 18	2205 9	Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)			0.00

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FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1058 130	2053 130	Non-English specification	
1812 2,520	2812 2,620	For filing a request for ex parte reexamination	
1804 920	2804 920	Requesting publication of SIR prior to Examiner action	
1805 1,840	2805 1,840	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	2451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	1,330.00
1502 480	2502 240	Design issue fee	
1503 840	2503 320	Plant issue fee	
1450 130	2450 130	Petitions to the Commissioner	
1807 50	2807 50	Processing fee under 37 CFR 1.17(a)	
1808 180	2808 180	Submission of Information Disclosure Stmt	
8021 40	2801 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	2802 900	Request for expedited examination of a design application	
Other fee (specify) Publication Fee			300.00
SUBTOTAL (3) (\$)			1,630.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Name (Print/Type)

H. Samuel Frost

Registration No.

31,696

(Complete if applicable)

Telephone (416) 364-7311

Signature

Date

January 26, 2004

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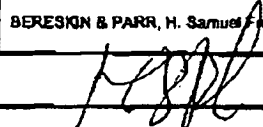
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/864,878
	Filing Date	May 25, 2001
	First Named Inventor	James W. Hager
	Art Unit	2881
	Examiner Name	Johnnie L. Smith
Total Number of Pages in This Submission	Attorney Docket Number	571-690

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Issue Fee Transmittal
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	BERESIGN & PARR, H. Samuel Frost, Registration No. 21,898
Signature	
Date	January 20, 2004

CERTIFICATE OF MAILING	
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